

SECTION II - RESIDENTIAL SECURITY

PART A - GENERAL INFORMATION

1. TYPE OF RESIDENCE

2. ADDRESS/LOCATION *(Include Street, City, State, and 9-digit ZIP Code)*

3. INDIVIDUAL(S) CONDUCTING SURVEY

a. NAME *(Last, First, Middle Initial)*

b. RANK/GRADE

c. ORGANIZATION

d. TELEPHONE NUMBER *(Include Area Code)*

4. SURVEY DATE *(YYMMDD)*

5. DESCRIPTION OF RESIDENCE *(Construction, location, plat, obstructed views, etc.)*

6. INDIVIDUAL(S) INTERVIEWED *(Add additional names in Section IV.)*

a. NAME *(Last, First, Middle Initial)*

b. RANK/GRADE

c. ORGANIZATION

d. TELEPHONE NUMBER *(Include Area Code)*

7. LOCATION OF RESIDENCE *(Comment next to appropriate item(s))*

a. URBAN

b. SUBURBAN

c. INCORPORATED

d. UNINCORPORATED

e. GOVERNMENT INSTALLATION

f. OTHER

8. ATTACH PLOT PLAN OF RESIDENCE SHOWING:

- Compass rose showing north.
- Perimeter barrier with gates.
- Parking areas/facilities.
- Any planned remodeling or expansion of residence.

9. ATTACH AS-BUILT DRAWING OF THE RESIDENCE SHOWING:

- Construction of exterior/interior walls.
- Location of all windows, doors, and skylights.
- Location and size of all vents, utility openings, etc.
- Electrical runs, outlets, and switches.

**PART B - EXTERIOR**

YES	NO	EXTERIOR ( <i>X and complete as applicable</i> )
		10. IS EXTERIOR LIGHTING CHECKED REGULARLY AND BULBS REPLACED? ( <i>If Yes, by whom?</i> )
		11. IS EXTERIOR FENCE/WALL CHECKED REGULARLY AND ANY BREAKS OR WASHOUTS REPAIRED?
		12. IS VEGETATION CUT BACK NEAR HOUSE AND EXTERIOR WALL/FENCE? ( <i>If Yes:</i> )
		a. HOW OFTEN?      b. WHO IS RESPONSIBLE?

**PART C - RESIDENTIAL BUILDING**

YES	NO	BUILDING ( <i>X as applicable and comment if applicable. Use continuation sheets as necessary.</i> )
		13. ARE DOORS KEPT LOCKED WHEN AT HOME?
		14. ARE EXTERIOR DOORS DOUBLE LOCKED?
		15. IS THERE A SECONDARY INTERIOR DOOR THAT IS DOUBLE LOCKED OR HAS THROW BOLTS?
		16. ARE WINDOWS LEFT OPEN WHEN NO ONE IS HOME?
		17. ARE WINDOWS LEFT OPEN WHEN RESIDENTS ARE SLEEPING?
		a. DO THEY HAVE GRILLES OR BARS?
		b. DO THEY HAVE SECURITY PINS TO HOLD THEM PARTIALLY OPEN?
		18. ARE INTERIOR LIGHTS TURNED OFF AT NIGHT?
		19. ARE SPARE KEYS HIDDEN UNDER MAT OR OTHERWISE NEAR ENTRANCE?
		20. IS NAME OF RESIDENT ON MAILBOX OR NEAR DOORBELL?
21. DESCRIBE RESISTANCE OF BUILDING TO PENETRATION BY:		
		a. HAND TOOLS    b. POWER ASSISTED HAND TOOLS    c. POWER TOOLS    d. EXPLOSIVE CUTTING TOOLS    e. OTHER DEVICES

**PART D - OPERATIONAL CONSIDERATIONS**

YES	NO	OPERATIONAL CONSIDERATIONS ( <i>X as applicable</i> )
		22. IS THERE A FAMILY DOG?
		IF YES, DOES IT REACT TO EXTERNAL NOISE?
		23. DURING EXTENDED ABSENCES:
		a. DOES SOMEONE HOUSE-SIT OR CHECK THE RESIDENCE ON A DAILY BASIS?
		b. ARE LIGHTS, RADIO, OR TV TURNED ON AND OFF AUTOMATICALLY BY TIMERS IN THE EVENING?
		24. WHEN THE RESIDENCE IS UNOCCUPIED IN THE EVENING, ARE LIGHTS AND RADIO/TV LEFT ON?
		25. ARE WORKMEN ALLOWED TO BE IN HOUSE OR EXTERIOR GROUNDS WHEN RESIDENTS ARE ABSENT?
		26. ARE WORKMEN SCHEDULED IN ADVANCE?
		27. ARE SERVANTS CHECKED BY SECURITY?

**PART E - SAFEHAVEN**

YES	NO	SAFEHAVEN ( <i>X as applicable. Use continuation sheets as necessary for detail.</i> )
		28. DO SAFEHAVEN WALLS PROVIDE 15 MINUTES OF PENETRATION RESISTANCE?
		29. ARE DOORS EQUIPPED WITH BOLTWORKS, THROWBOLTS OR SIMILAR SECURITY DEVICES?
		30. DO DOORS PROVIDE 15 MINUTES OF PENETRATION RESISTANCE AND BALLISTIC PROTECTION ( <i>See 28 above.</i> ) ( <i>Describe</i> )
		31. ARE PRIMARY/SECONDARY COMMUNICATIONS PROVIDED? IF YES:
		a. DESCRIBE
		b. DO THEY OPERATE?
		c. WHO DO THEY NET WITH?
		32. ARE THE FOLLOWING ITEMS AVAILABLE:
		a. FLASHLIGHTS?
		b. CANDLES?
		c. RADIO?
		d. FIRE EXTINGUISHER?
		e. FIREARMS AND AMMUNITION?
		f. WATER?
		g. TELEPHONE DIRECTORY/EMERGENCY NUMBERS?